

INTERMEDIATE CARE FACILITY STATISTICAL AND OTHER DATA

NAME OF INTERMEDIATE CARE FACILITY:

ADDRESS:

TYPE OF CONTROL

VOLUNTARY NONPROFIT:

1 ☐ CHURCH

2 ☐ OTHER: PRIVATE

3 ☐ PROPRIETARY:

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ CORPORATION

☐ OTHER

GOVERNMENT (NON-FEDERAL):

4 ☐ STATE

5 ☐ COUNTY

6 ☐ CITY

7 ☐ CITY-COUNTY

8 ☐ HOSPITAL DISTRICT

9 ☐ OTHER

TYPE OF FACILITY CERTIFIED

1 ☐ ENTIRELY CERTIFIED INTERMEDIATE CARE FACILITY

3 ☐ OTHER:

2 ☐ INTERMEDIATE CARE FACILITY THAT PROVIDES A LOWER LEVEL OF CARE

PERIOD COVERED BY STATEMENT FROM: _____

TO: _____ PROVIDER NPI _____

INPATIENT STATISTICS - ALL PATIENTS

STATISTICAL DATA

COMPLETE COLS 1 AND 2 FOR
TYPE OF FACILITY CHECKED

1, 2, & 3 ABOVE
DISTINCT PART
OF FACILITY

TOTAL
FACILITY

1

2

1 BEDS AVAILABLE AT BEGINNING OF PERIOD

2 BEDS AVAILABLE AT END OF PERIOD

3 TOTAL BED DAYS AVAILABLE

4 TOTAL INPATIENT DAYS

5 PERCENTAGE OF OCCUPANCY (LINE 4 / LINE 3)

6 DISCHARGES, INCLUDING DEATHS

7 AVERAGE LENGTH OF STAY - INPATIENTS

8 NUMBER OF ADMISSIONS

0.00%

OTHER STATISTICS

1ST QTR 2ND QTR 3RD QTR 4TH QTR

9 TOTAL NUMBER OF EMPLOYEES ON PAYROLL (FIRST WEEK OF QUARTER)

A AVERAGE NUMBER OF FULL TIME EQUIVALENT ON PAYROLL
(FIRST WEEK OF QUARTER)

B NUMBER OF REGISTERED NURSES (FTE)

C NUMBER OF LPN'S (FTE)

D NUMBER OF NURSING AIDS AND OTHER NURSING PERSONNEL
ASSISTING IN PATIENT CARE (FTE)

10 MOST PREVALENT SEMI-PRIVATE ROOM RATE IN EFFECT AT FISCAL YEAR END

QUESTIONNAIRE

11 HOW WAS DEPRECIATION INCLUDED IN COST STATEMENT CALCULATED?

1 ☐ STRAIGHT LINE

2 ☐ DECLINING BALANCE

3 ☐ SUM-OF-YEARS DIGITS

12 IS DEPRECIATION FUNDED? ☐ YES ☐ NO

IF YES: WHAT BASIS

BALANCE IN FUND AT END OF PERIOD:

13 WERE THERE ANY GAINS OR LOSSES DISPOSALS OF CAPITAL ASSETS DURING PERIOD?

☐ YES ☐ NO

INCLUDED IN EXPENSES? ☐ YES ☐ NO

WHERE?